## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000045780 (2)

1. Corporation Name

ENTERPRISES, INC. WOOD. HART

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90029 041 \*\*\*150.00

2561	JARDIN MANOR TON, FLORIDA	1561 JA	2561 JARDIN MAHOR Weston, Florida 33326			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  6/29/1993				
2. Principal F	Place of Business	2a. Mailing Address		_		4. FEI Number		$\neg \Gamma$	Ap	plied For
21		26				65-0424768			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•		Additional quired
City & Sta	te	City & State				6. Election Campaign Financing Trust Fund Contribution		•		May Be o Fees
Zip	Country Zip			intry		8. This corporation owes the current ye	ar Inta	ıngible		
24	25	29	30			Personal Property Tax.				□No
	9. Name and Address of Current	Registered Agent		L		10. Name and Address of New Regist	ered A	gent		
256	JARDINIMANO TOO, FL 33327	or.	•	82 83 84	Street Addres	ss (P.O. Box Number is Not Acceptable)	FL	85	Zîp C	Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent a	Florida. Such change was ons of, Section 607.0505, Florida title if applicable. (NOT	authorized orida Stati E: Registered	l by t utes.	-named corpor the corporation signature required w		ippoin	tment	as reg	gistered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S ANI			
TITLE	PT . DELETE		1.1 TI	1.1 TITLE				Ch	ıange	☐ Addition
NAME	WOOD, MARK	13.0	1.2 NA	WE						
STREET ADDRESS	2561 JARDIN MAT		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	WESTOH, FLORIDE		1.4 CI	TY-ST	-ZIP					
TITLE	<b>S</b>	☐ DELETE	2.1 TI	ΠE				Ch	ange	☐ Addition
NAME	WOOD KATHLES	: M	2.2 NA	ME						
STREET ADDRESS	ASOI TARDIN M	SOUR	2.3 ST	REET	ADDRESS					1
CITY-ST-ZIP	BEE 17 40723W	27	2. 4 CI	ITY-ST	ZIP					
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NAME			3.2 NA	ME	-			•		
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CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP					
TITLE	☐ DELETE 4.1 T		n.e	\ \ \			Ch	ange	☐ Addition }	
NAME			4. 2 N	AME	ļ					
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TIT	LE				Ch	ange	☐ Addition
NAME	·		5.2 NA	ME	]					Ì
STREET ADDRESS			5.3 ST	REET/	ADDRESS					ļ
CITY-ST-ZIP			5.4 CT	ry-st-	ZIP					1
TITLE		☐ DELETE	6.1 TIT	Œ				Ch	апде	Addition
NAME			6.2 NA	ME	1					{
STREET ADDRESS			6.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			6.4 CIT	ry-st-	ZIP					
						<del></del>				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X